

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

## **I. DISPUTE**

1. a. Whether there should be reimbursement of \$572.00 for dates of service, 03/09/01, 03/15/01 and 04/06/01.
- b. The request was received on 02/19/02.

## **II. EXHIBITS**

1. Requestor, Exhibit I:
  - a. Initial Submission of TWCC-60
    1. HCFA 1500s
    2. EOB(s)
    3. Position statement dated 02/15/02
    4. Letter to the Compliance & Practice Division of TWCC, dated 02/08/01
  - b. Additional documentation requested on 07/09/02 and received on 08/13/02
    1. A second Position statement, dated 07/09/02
    2. Letter to the Compliance & Practice Division of TWCC, dated 02/08/01
    3. EOB
    4. Carrier Computer print screen
    5. Medical Records
  - c. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit II:

Per Rule 133.307 (g) (3), the Division forwarded a copy of the requestor's 14 day response to the insurance carrier on 07/19/02. Per Rule 133.307 (g) (4), the carrier representative signed for the copy on 07/22/02. The response from the insurance carrier was received in the Division on 08/05/02. Based on 133.307 (i) the insurance carrier's response is untimely so the Commission shall issue a decision based on the request.
3. Notice of Additional Information submitted by Requestor is reflected as Exhibit III of the Commission's case file.

### **III. PARTIES' POSITIONS**

1. Requestor: Letter dated 02/15/02

“SINCE THE INSURANCE CARRIER DID NOT HAVE VALID REASON FOR DENIAL OF CARE WHICH WAS MEDICALLY NECESSARY, WE HEREBY REQUEST THE DIVISION TO ASSIST IN RESOLVING THIS MEDICAL DISPUTE IN FAVOR OF THE PROVIDER FOR SERVICES WHICH WERE MEDICALLY NECESSARY.”

Second position statement, dated 07/09/02

“DOS where NO EOB WAS RECEIVED- Carrier was initially billed and didn't respond. Provider then sent a request for reconsideration on January 17, 2002. Proof that carrier received request is also included. Carrier chose not to respond within 28 day time frame rule. TWCC Rule 133.307(j)(2) says only the reason brought up by carrier can be heard at MDR. SOAH decisions say if the carrier doesn't care to respond then they lose their opportunity to put in a reason. If no reason is put in by carrier as to the denial the provider 'should' win if the MDR reviewer follows TWCC rules.”

2. Respondent: Based on 133.307 (i) the insurance carrier's response is untimely so the Commission shall issue a decision based on the request.

### **IV. FINDINGS**

1. Based on Commission Rule 133.307(d) (1) (2), the only dates of service eligible for review are 03/09/01, 03/15/01 and 04/06/01, per the updated Table of Disputed Services received on 11/14/02..
2. This decision is being written based on the documentation that was in the file at the time it was assigned to this Medical Dispute Resolution Officer.
3. Per the Requestor's Table of Disputed Services, the Requestor billed the Carrier \$572.00 for services rendered on the above dates in dispute.
4. Per the Requestor's Table of Disputed Services, the Carrier paid the Requestor \$0.00 for services rendered on the above dates in dispute. For dates of service 03/09/01 and 04/06/01, the Carrier EOB(s) deny reimbursement as “F-FEE GUIDELINE MAR REDUCTION”. The Requestor states they did not receive an EOB for date of service 03/15/01; therefore, this date of service will be reviewed as an “F” denial.
5. Per the Requestor's Table of Disputed Services, the amount in dispute is \$572.00.
6. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT CODE	BILLED	PAID	EOB Denial Code(s)	MARS	REFERENCE	RATIONALE:
03/09/01 03/15/01 04/06/01	95851 97750 FC 95851	\$36.00 \$500.00 \$36.00	\$0.00 \$0.00 \$0.00	F No EOB F	\$36.00 \$100.00/hr \$36.00	TWCC Rule 133.304( c ); MFG; MGR (I) (E); CPT Descriptor	The Carrier has denied these dates of service as, "F-FEE GUIDELINE MAR REDUCTION". The Carrier's denial codes do not "...provide sufficient explanation to allow the sender to understand the reason(s) for the insurance carrier's action(s)" as required by TWCC Rule 133.304. The Carrier offers no explanation for these denials.  As Carrier did not provide documentation or an original EOB to support their denial of reimbursement and the Requestor has provided documentation to support services billed; reimbursement in the amount of \$572.00 is recommended.
<b>Totals</b>		\$572.00	\$0.00				The Requestor is entitled to reimbursement in the amount of <b>\$572.00</b> .

### V. ORDER

Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Medical Review Division hereby ORDERS the Respondent to remit **\$572.00** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this order.

This Order is hereby issued this 14th day of November 2002.

Denise Terry  
Medical Dispute Resolution Officer  
Medical Review Division  
DT/dt